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The ethical sensitivity of health care professionals who care for patients living with HIV infection in Hunan, China: A qualitative study

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Abstract

The level of ethical sensitivity of health care professionals who care for patients with HIV may shed light on ethical behaviors in HIV care. However, little research has determined how such professionals view ethical issues in clinical practice in China. The purpose of our qualitative descriptive study was to explore the ethical sensitivity of health care professionals in Hunan Province, China, and to discuss the existing deficiencies. We used purposive sampling to recruit 17 health care professionals who provided direct care to patients with HIV and conducted interviews with them. Interview transcripts were analyzed by thematic analysis. Informants showed certain sensitivities to ethical issues, but the majority also held stigmatizing attitudes toward patients with HIV, and exhibited ethics driven by HIV-related laws and regulations rather than ethical principles. There is room to improve the ethical sensitivity of health care professionals who care for patients with HIV in China.

Keywords

ethical sensitivity; health care professional; HIV; qualitative descriptive study

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The Four Component Model (FCM; Rest, 1986) stated that ethical behavior results from four psychological factors: ethical sensitivity, ethical judgment, ethical motivation, and ethical character. FCM defined ethical sensitivity as an individual's perception and explanation of the ethics of the situation in which s/he finds her/himself, including her/his ability to imagine how her/his behaviors affect others' outcomes and to understand how specific ethical norms or principles apply to a particular context. Ethical judgment is the rational selection of ethical decisions within a certain context. Ethical motivation is ethical decision-making that shapes dominant moral values from various coexisting values. Ethical character is a tendency toward ethical decision-making that develops over a long period of practicing ethical behaviors. These four psychological factors interact with one another and together influence ethical behavior (Rest, 1986).

As the first step in the model, ethical sensitivity is critical to the development of ethical behaviors. Chinese researcher Zheng (2008) further divided ethical sensitivity into two parts: dispositional ethical sensitivity and contextual ethical sensitivity. Dispositional ethical sensitivity is an individual's natural reflective disposition toward awareness and explication of ethical issues according to dominant moral values, and is a static quality. Contextual ethical sensitivity stresses an individual's responses to ethical issues in different contexts and is, therefore, dynamic. Zheng (2008) advocated different methods to evaluate each type of ethical sensitivity, according to the different characteristics of the two types.

Other scientists around the world have researched ethical sensitivity and drawn out other associated factors. Borhani, Keshtgar, and Abbaszadeh (2015) detected the impact of moral self-concept on ethical sensitivity on Iranian nurses, and the team of Nejadsharvari et al. (2015) determined the relationship between ethical sensitivity and distress among physicians. Previous studies have also assessed the ethical sensitivity of various groups of participants, including beginning clinicians (Moffett, Becker, & Patton, 2014) and nursing students with different levels of education (Comrie, 2012).

The ethical sensitivity of the health care professionals who care for patients with HIV accordingly affects their ethical behaviors in caring for HIV-infected patients in China. First, the number of people living with HIV (PLWH) reached 680,791 in February 2017 and the number has continued to grow in China (National center for AIDS/STD control and prevention [NCAIDS], & National center for STD and leprosy control and prevention [NCSTD], Chinese center for disease control and prevention [China CDC], 2017). Second, PLWH may face unfair treatment and physical and psychological suffering from health care professionals when taking medication and seeking health care. Reported examples of unfair treatment include mandatory HIV testing (Li et al., 2007), and stigma and discrimination due to conflicts with China's conventional values (Steward, Miège, & Choi, 2013). Perceiving ethical issues in clinical practice plays an important role in avoiding physical and psychological impairment for PLWH. Lastly, ethics education is now part of the curriculum in medical and nursing programs in China, but shortcomings, such as a limited curriculum, and inflexible teaching methods, continue to occur in some colleges (Wei & Li, 2015). The adequacy of ethical reasoning skills among health care professionals who care for patients with HIV remains an open question. And, as stated above, ethical sensitivity is a key part of such skills. However, the ethical sensitivity of health care professionals who care for HIV-

infected patients (i.e., physicians and nurses who work in HIV units) is still under-researched in China and abroad.

Given the dynamic nature of ethical issues in HIV care, we examined contextual ethical sensitivity to explore the level of ethical sensitivity possessed by health care professionals who worked with patients with HIV in Hunan Province, China, and discuss the existing deficiencies. Given the key role of context in contextual ethical sensitivity, situational stories with underlying ethical issues have become a common means of assessing contextual ethical sensitivity (Zheng, Cen, & Ren, 2009). A study by Zheng and Cen (2008) found that moral sensitivity assessment based on unstructured issues closely highlighted the relevant ethical problems and had high ecological sensitivity, but the study's method of eliciting written responses from participants limited deep interpretation of responses. Therefore, we chose to conduct interviews guided by situational stories. We used the findings from these interviews to suggest several countermeasures to enhance the ethical sensitivity of health care professionals who work with patients with HIV infection.

Methods

Ethical Statement

Our study was approved by the Central South University Institutional Review Board.

Setting

There are 42 HIV-designated hospitals (according to China Center for Disease Control) in Hunan, China. The hospitals are ranked into 10 grades based on the number of staff and beds in China (with grade 1 the fewest staff and beds and grade 10 the most), and all 42 HIV-designated hospitals belong to Grades 5 to 9. All of these hospitals provide HIV consultations by a few physicians, while only two hospitals provide inpatient services. We selected 12 hospitals in total, including the two hospitals with inpatient services, and two hospitals in each grade.

Participants

Participants were recruited by purposive sampling. The inclusion criteria were as follows: health care professionals (i.e., physicians and nurses) who provided direct care to patients with HIV no fewer than 3 times per week in the past year; worked in the HIV units for no less than 3 years; and were willing to participate in the study. Those whose HIV-related work was research- or hospital-management-only focused were excluded. We recruited several interviewees from each hospital and continued recruiting participants and conducting interviews until we reached data saturation (no new themes were found; Dworkin, 2012), and determined the sample size accordingly.

Data Collection

To develop an in-depth understanding of the ethical sensitivity of health care professionals, we conducted a qualitative descriptive study using one-on-one, face-to-face interviews. The semi-structured interview was guided by five self-compiled situational stories. The five situational stories were compiled under the consultation of three experts with HIV care

experience and one expert in bioethics. We made revisions to make the stories simpler to understand and to adapt them to clinical practice, according to advice from two experienced health care professionals who cared for HIV-infected patients and five pilot interviews with five health care professionals. The final interview guide was determined at the end of this process. We have included specific stories from the interview guide in Appendix 1.

All interviews were conducted by the corresponding author, who has a PhD in bio-ethics, and has been involved in HIV-related training and research since 1997. All interviews were conducted in Mandarin (the required language in working environments in China) and in quiet offices of the hospitals from June to August 2016. Interviewees were given written informed consent forms and guarantees of privacy for their data before the interviews. Given 10 minutes to read the five stories, the interviewees were asked to state their opinions on each story. When their responses deviated too far from ethical consideration, we guided the interviewees back to the ethical topic by asking about possible behaviors and reasons for the situational stories in clinical practice. The interviews were audio recorded, and the expressions of the informants were synchronously recorded by the interviewer.

Process for Analyzing Data

Data analysis was synchronized with data collection. The audio recordings and notes were transcribed verbatim by the researcher who conducted the interviews. Additional visits to some informants were made to give the informants opportunities to comment on the transcripts and to ensure content accuracy. The numbered transcripts were anonymous to ensure interviewee confidentiality and were analyzed with inductive thematic analysis. After data immersion, two researchers respectively coded the transcripts to identify the main themes with NVIVO11.0 software. One senior researcher reviewed the audio-recordings and transcripts to ensure the themes were representative, and finalized the themes with other researchers.

Results

We interviewed 17 qualified participants who met our inclusion criteria (10 physicians and 7 nurses; 5 males and 12 females; 24 – 51 years of age, mean age = 35.24 years, $SD=1.761$). The informants' years of working ranged from 3 to 20 years. The interviews lasted from 13 to 68 minutes (average = 29 minutes), not including time for reading the stories.

Two major themes emerged from the interviews: (a) stigmatizing attitudes toward patients and (b) ethics driven by regulations rather than principles. Ethical sensitivity is shown in each theme.

Stigmatizing Attitudes Toward Patients with HIV

Interviewees demonstrated tension between their personal negative attitudes toward patients with HIV and their professional duty to treat patients. We found a general neutral attitude toward the patients among the informants at work. However, nine participants expressed sympathy for passively-infected patients such as children who were infected through mother-to-fetus transmission, but expressed stigmatizing attitudes toward those who had acquired HIV through drug-related needle sharing or sexual contact. Interviewees denied

discrimination in practice because all informants agreed that hospitals were obligated to provide medical treatment, but five interviewees expressed a personal preference to avoid contact with the patients infected by a certain transmission route and used derogatory words like “punishment,” “moral defect,” and “moral disease” to describe the patients. Nevertheless, they acknowledged their own opinions as being unethical by the standards of professional duty, and consequently kept their views to themselves at work due to this inconsistency. One respondent said,

I sympathize with those children who were infected through mother-to-fetus transmission. Children are innocent. I condemn their parents in my heart, but I cannot say that in public ... In my opinion, AIDS is a moral disease. No matter whether it is transmitted through drug-related needle sharing or sexual contact, a person's moral defect causes AIDS, with the exception of children who were infected through mother-to-fetus transmission. (Informant 11, Story 2)

Other respondents added, “We treat patients with drug abuse as a common patient. But from the bottom of my heart, I doubt the meaningfulness of treatment of such patients” (Informant 7, Story 3); and “We have the obligation to treat them. Negative individual attitudes toward the patients should be avoided at work. For example, I regard them as ordinary patients at work. After work, I avoided contact with them, especially homosexuals” (Informant 10, Story 2).

Willingness to care for patients indirectly suggested participant attitudes toward PLWH. Informants showed determined willingness to provide medical treatment and nursing intervention, but stated that providing daily care such as feeding and assisting with bathing was the obligation of nurses. Nurse participants conveyed both willingness and difficulties in providing daily care as follows: “We help them with daily care sometimes, but to be honest, we are short of nurses. Even if we are willing to do daily care, providing such care does add stress to us nurses” (Informant 2, Story 5); and “It is really difficult to care for patients with intravenous drug abuse in the AIDS units. Some patients are fierce and brutal. You might irritate them without any reason at any time, a real threat to our safety” (Informant 5, Story 5).

Ethics Driven by Regulations Rather Than Principles

Patient confidentiality—Participants wanted patients with HIV to reveal their condition to information seekers who claimed to be relatives and sex partners of the patients. Informants generally explained that laws and hospital regulations mandated the privacy of patients, and strictly followed them to avoid any legal trouble. Five interviewees noted the underlying ethical considerations behind these regulations: to protect patients with HIV from discrimination and to secure their trust and compliance. One informant remarked:

Laws and hospital regulations demand that as health care professionals we should ensure the patient confidentiality. If you cannot protect patient confidentiality and judge the morality of patients by their diseases, patients will be hurt ... and you will lose their trust or even hinder your work. (Informant 10, Story 1)

One interviewee followed different rules in a drug rehabilitation ward, where drug users were sent for detoxification. Besides forced treatment and education, drug users in that ward shared the same rights as other citizens. According to the Anti-Drug Law of the People's Republic of China [Article 47], the period of compulsory isolation for drug rehabilitation is 2 years. In order to prevent patients from demanding to be released before this time, this ward promulgated hospital rules that were at odds with standard regulations about disclosure to patients. The ward rules suggested telling the relatives and community committee the real status of patients with HIV to ensure the safety of others, and not to inform the patients with HIV of the real status until a month before release, or until the evaluation showed that the patient was able to appropriately handle the information. The participant gave his understanding as follows:

If you frankly tell the patient about his disease, it may cause trouble for the patient who may use his disease as an excuse. For example, if he contracted HIV complicated with pneumonia, [he may demand to be released in order to be get what he thinks is better treatment], though he can be treated and receive injections here. ... Hence, we might tell him that he has a minor disease conforming to his symptoms (such as a pulmonary infection) rather than the full truth. [If he does not know the truth,] then he may set his mind at ease in the ward. If you tell him that he has a serious disease, he may come up with unreasonable demands to nurses. But we will frankly tell his relatives and community committee for the safety of others. (Informant 15, Story 1)

Autonomy—All participants claimed that they would tell patients with HIV the advantages and disadvantages of various therapies and persuade them to make optimal choices in their best interest. If the patients refused, the interviewees would give up and respect patient autonomy. Interviewees usually highlighted China's law on banning coercive treatment. Six informants tried to further explore reasons for refusing treatment and no informants provided follow-up service or referral. "We usually persuade patients several times, especially for young. We give them good examples to help build their confidence in treatment. If they still refuse, we respect their choice, because their cooperation is needed and China bans coercive treatment" (Informant 11, Story 3). "Some older patients did desire to discontinue the treatment due to the side effects of the medicine. We have no way but to respect their autonomy" (Informant 7, Story 3).

Justice and beneficence—Different views were found when the informants were asked about research story 4, which implied the ethical principles of justice and beneficence. Four participants only mentioned the ethical principle of beneficence (they doubted the effect of the drug), another four participants just cared about the research result and neglected the ethical issues, and the rest of the informants emphasized the need to follow scientific rules. Participants generally expressed uncertainty about ethics and unfamiliarity with this field. "I am not sure how to explain the behaviors of grouping in the story 4. Do the economic factors make a difference? I do not know. If I were him, I would group them by scientific principle" (Informant 3, Story 4).

Discussion

The health care professionals who cared for patients with HIV were, to some extent, ethically sensitive to the clinical issues. However, stigmatizing attitudes toward patients, and ethics driven by regulations rather than principles, were notable.

Negative Individual Attitudes

Professional ethics requires health care professionals to obey a professional code of conduct based on respecting the rights of patients as human beings (Serour, 2015). Informants in our study were committed to following professional codes of conduct, but also personally held stigmatizing attitudes toward some patients with HIV. Participants used derogatory words to describe some kinds of patients with HIV, avoided contact with homosexual patients, and doubted the meaningfulness of treatment for patients with drug abuse. These negative opinions may result from individual values influenced by cultural contexts. Firstly, people in China are taught to emphasize the collective good from childhood. This societal value may lead citizens to trivialize or even neglect individual human rights (Zang, Guida, Sun, & Liu, 2014). Secondly, China's traditional moral values and views on homosexuality contributed a great deal to negative attitudes toward patients with HIV (Koo et al., 2014). As emotion influences ethical sensitivity through cognitive bias regarding ethical issues (Zheng, 2008), it is questionable whether health care professionals can maintain ethical sensitivity while holding stigmatizing attitudes toward patients.

To eliminate stigma perpetuated by the culture, mass media should emphasize the human rights of PLWH and provide accurate information about prevention (Gao et al., 2013). Practicing moral tolerance, which means to forgive the behaviors that were thought to be unethical according to one's values, can also help patients (Ren, 2010). The United Nations has also proposed the "Fast-track to Fulfill 'Zero Discrimination' Around the World in 2016," which outlined several suggestions for progress (The United Nations General Assembly, 2016). However, it will take time for stigmatizing attitudes to change.

Ethics Driven by Regulations

Frequent mention of laws and regulations, and incomplete understanding of ethical principles, showed that the health care professionals we interviewed unconsciously simplified ethical issues down to obedience to familiar laws and regulations, which implied a weak foundation for understanding ethics and a lack of independent ethical consideration. Ethical sensitivity includes not only the ability to perceive, but also to interpret ethical conflicts (Rest, 1986). Individual ethical consideration is absolutely necessary for perceiving ethical issues in various contexts. The lack of individual ethical consideration may result from a weak sense of ethics and poor ethical reasoning skills. Our participants' incomplete perceptions of ethical issues cast doubt as to whether ethical sensitivity without independent ethical reasoning skills can suffice to address the many ethical considerations in HIV care, particularly in the areas of patient confidentiality, autonomy, and justice and beneficence.

Patient confidentiality—Patient confidentiality is a controversial issue due to the conflict between protection of patients and protection of the public. Although China's law

(Regulations on AIDS Prevention and Treatment [Article 39]) is intended to avoid common ethical conflicts, it presents a dilemma to health care professionals who must focus both on protecting patients and maintaining public safety (Zhang, 2013). All of the health care professionals perceived this as an ethical issue; while five participants interpreted ethical conflicts on these issues, others emphasized HIV-related regulations.

Autonomy—In some scenarios, respecting the autonomy of patients may bring more harm than beneficence to patients. As the ethical principles are always interlaced in specific ethical situations (Taylor, 2013), the ethical sensitivity of issues specific to HIV care demands that health care professionals balance autonomy and maximize beneficence for patients. However, the participants respected patient will without further exploring the reasons for the patient's decisions or providing follow-up service or referral, which disclosed an incomplete understanding of autonomy.

Justice and beneficence—Justice and beneficence are highly involved in both clinical practice and research. Among informants, uncertainty of ethical issues related to scientific study and simply following rules implied a lack of independent ethical consideration in current ethics education (Wei & Li, 2015), which may result in poor ethical sensitivity in unfamiliar contexts.

To fundamentally enhance ethical sensitivity, strengthening knowledge of ethics and cultivating critical and ethical reasoning skills are important. Ethics education plays an important role in these areas (Park, Kjervik, Crandell, & Oermann, 2012). There is an urgent need to improve ethics education for health care providers in China.

Conclusion

Our interviews with health care professionals who worked with patients with HIV in Hunan, China, revealed that (a) health care professionals showed certain sensitivity to ethical issues in clinical practice with patients with HIV, (b) stigmatizing attitudes coexisted with awareness of duty and ethical sensitivity, and (c) ethics was generally directed by regulations rather than principles. Considerable work is needed to enhance ethical sensitivity among health care professionals who care for patients with HIV.

Our research had limitations. First, the sample was concentrated in one region due to limited research resources. Second, we only focused on one component of the FCM in this study, ethical sensitivity, because studying all four components of the model was too complex to explore in a single paper on this topic. Future studies are needed to explore how other parts of the model interact to shape ethical behavior in HIV care in China.

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Appendix 1

Interview Guide

The semi-structured interview guideline was based on the following five situations with underlying ethical issues. We did not show the ethical issues to the interviewees.

Story 1

Mr. Liu was a patient with HIV infection and Dr. Zhang was his attending physician. After asking about his disease history, Dr. Zhang found that Mr. Liu simultaneously had a wife and a girlfriend. Mr. Liu repeatedly demanded Dr. Zhang to keep this information a secret. After Mr. Liu was discharged, his wife and girlfriend found out about the changes in Mr. Liu's health condition, and respectively asked Dr. Zhang about Mr. Liu's disease. How should Dr. Zhang answer them?

Ethical issues—Confidentiality for patients living with HIV infection

Story 2

Ms. Lee is a nurse on duty in the HIV Department of a hospital for infectious diseases. One day, three clients in serious condition came to register at the same time. Due to limited beds, there was only one bed available in the ward. Ms. Lee found that the clients' individual data were as follows: (a) a middle-school student infected with HIV through blood transfusion, (b) a middle-age female infected with HIV via her husband, and (c) a young man who was an intravenous drug user. Who should be given the bed? What should be taken into consideration?

Ethical issues—Individual attitudes toward patients with different routes of transmission, and professional code of conduct

Story 3

Several policemen brought a young man on a stretcher to the ambulatory clinic and asked the hospital to treat him immediately. The patient was from a low-income household on government subsidy and was an intravenous drug user. He was diagnosed with AIDS several years ago. Systematic treatment has not been implemented and serious complications have developed. The police said that their duty was to take him to the hospital but they would not pay the medical fee. If you were the doctor or the nurse on duty, what problems will you face? If the young man refuses treatment, what will you do?

Ethical issues—Individual attitudes toward life value and ethical principle of autonomy

Story 4

Dr. Zhang and Dr. Ma are colleagues in the hospital HIV Department and work on the same research team. Dr. Zhang needs to place half of the patients with HIV infection into a group with a new drug treatment (the experimental group) and the rest into a group with traditional drug treatment (the control group). Dr. Ma thinks that this is a good chance for patients to receive efficient and expensive medicine, so he decided to place patients with low income jobs into the experimental group, while patients with good educations and high-income jobs were placed into the control group. What do you think of Dr. Ma's behaviors?

Ethical issues—Ethical principles of justice and beneficence

Story 5

Ms. Liu is a nurse in a hospital HIV Department. She admits a newly-infected patient who has no relatives or friends and is a middle-age female sexual worker. What should the nurse do if the patient asks her for help with bathing, combing, and washing?

Ethical issues—Willingness to care for patients with HIV infection, and individual attitudes toward professional code of conduct

Key Considerations

The following considerations are in the context of clinical care for HIV care in China:

- Health care professionals who care for patients with HIV infection may change their negative attitudes toward patients with HIV infection by emphasizing human rights, such as freedom of sexual orientation, dignity, and equality.
- Cultivating critical and ethical reasoning skills should become a core part of ethics courses, especially in HIV care.
- The specific context of ethical dilemmas in clinical practice can be adopted for discussion in ethics education due to the dynamic nature of ethical issues in HIV care.
- Correct interpretation of regulations can help health care professionals better master ethical considerations and avoid following regulations blindly.